

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 100-376)				SERIAL NO. <u>08105769</u>		FILING DATE	
				APPLICANT(S)			
CLAIMS							
1	AS FILED		3	AFTER AMENDMENT		5	6
	IND.	DEP.		IND.	DEP.		
1						51	
2						52	
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47						97	
48						98	
49						99	
50						100	
TOTAL U.S.						TOTAL U.S.	
TOTAL FEE						TOTAL FEE	
TOTAL CLAIMS						TOTAL CLAIMS	

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TO BE ADDED TO CLAIMS ON AMENDMENTS

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